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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/576,108			ing Date 17/2006	To be Mailed
	AF	PPLICATION A	D – PART		SMALL	ENTITY	OTHER THAN OR SMALL ENTITY					
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b), c	or (cl)	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), c		N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p), c	E or (q))	N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
	CFR 1.16(h))	IS	minus 3 =		•			X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or fract 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each thereof. See						
	MULTIPLE DEPEN	IDENT CLAIM PP	ESENT (3	7 CFR 1.16(j))	)		1			]		
* If t	the difference in colu	umn 1 is less than	zero, ente	r "0" in colum	ın 2.			TOTAL		]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	01/06/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME	Total (37 CFR 1.16(i))	· 3	Minus	20		= 0		x \$ =		OR	X \$60=	0
Ζl	Independent (37 CFR 1.16(h))	- 1	Minus	3		= 0		X \$ =		OR	X \$250=	0
ğΙ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
AMENDMENT	Total (37 CFR 1,15())		Minus				П	X \$ =		OR	X \$ =	
M	Independent (37 OFR 1.16(h))	*	Minus	***		-		X \$ =		OR	X \$ =	
Ξ.	Application Size Fee (37 CFR 1.16(s))						П					
ĕ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						П			OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20",  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3",  "The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USFTO to process) an application Confidentiality is governed by 38 USE 1.22 and 37 CFR 1.4. This recibited in estimated to take 12 minutes to complete modified gathering, peparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.